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BULLETIN
OF THE
National Tuberculosis Association

Vol. IV JULY, 1918 No. 10

Progress Regarding Tuberculous Soldiers

Since the article on "Following Up Tuberculous Soldiers" was published in the March BULLETIN, new developments have taken place in connection with this problem which make a further report advisable at this time.

Following the adoption in Illinois of an agreement between the state board of health, the state tuberculosis association and the division office of the American Red Cross (full text of which was printed in the May BULLETIN) a number of other states have worked out plans of procedure which, while similar in their general features, in some cases embody important differences.

Among the central states, Michigan, Wisconsin, Iowa and Minnesota have made definite arrangements. The Michigan plan follows that of Illinois closely. In Wisconsin there are substantial modifications, but none which need be mentioned here. In Iowa, advantage is taken of a state law under which the county commissioners may be required to expend $15.00 a week for the care of a tuberculous patient; and the central division of the Red Cross has urged its home service sections to avail themselves of such public resources, supplementing the expenditure if necessary.

The Minnesota agreement applies not only to discharged soldiers but is broadened to include the collection of information regarding men rejected in the draft. Therein it takes account of a problem which, as regards numbers involved, is of course much greater than that which is confined to men subsequently discharged from the army. The initial contact in all cases is to be made by the Red Cross, except where "local health departments express a willingness" to do so,—this exception applying to Duluth, Minneapolis and St. Paul. It is also provided that the services of medical experts for diagnosis, instruction and public lectures are to be supplied by the Advisory Commission of the State Sanatorium for Consumptives, which is a party to the agreement. All public health nursing service required will be furnished by the Minnesota Public Health Association. In the event that funds cannot be obtained from other agencies for the treatment of tuberculous patients, the entire expense of such care as is provided is to be borne by the local chapters of the Red Cross.

The southern states of North Carolina, South Carolina, Georgia and Tennessee recently conferred at Atlanta with the southern division of the Red Cross, and reached an agreement which has already been signed in North Carolina and perhaps by this time in the other states. As in Minnesota, this agreement provides for securing information regarding men rejected in the draft. The Red Cross does not agree to take any part in securing treatment for these men, this apparently being regarded as outside the scope of home service sections, but the other two agencies — that is, the board of health and the tuberculosis association —are permitted to use the reports regarding these men from home service sections as the basis for developing local interest in obtaining treatment from other sources. The financial arrangement is that the Red Cross will pay for the temporary care of the discharged soldier, and that "in the more permanent treatment it will be the policy of the Red Cross to provide for one-third or more of the necessary expenses, as determined by the exigency of the case, over and above what the family can provide." Initial contact is to be made by the Red Cross except in localities which have tuberculosis societies.

Definite plans are either completed or now pending in New England and other parts of the country, as to which it is hoped that detailed report may be made in the next BULLETIN. State associations are urged to send such information to the National Association at once, in order that it may become available for the country as a whole. Doubtless some plans will be more or less modified by actual experience, and it is important that each state should be able to profit by the experience of others.

Position of Red Cross

In the case of all the agreements here mentioned, cooperation between health authorities, tuberculosis associations and the Red Cross is a basic principle. The

(*Continued on page 2, column 1*)

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attitude of the Red Cross concerning its own part in such cooperation is indicated by the following quotation from a recent letter written by Curtis E. Lakeman of the Department of Civilian Relief of the Red Cross to Dr. Charles J. Hatfield, Executive Secretary of the National Association:

"I trust there is no longer doubt in anyone's mind that the Red Cross, at least in principle, accepts full responsibility for assisting in the after care of soldiers discharged on account of tuberculosis as well as those discharged on account of any other disease or disability. The constitutional purpose of the Red Cross is to furnish aid and comfort to soldiers and sailors. This necessarily includes service to their families. When a soldier or sailor is discharged from the service on account of wounds or disease, the Red Cross will not abruptly break off these relations of service, but will recognize that its responsibility must continue until the man is on his feet again as a private citizen or until the burden of his permanent care is taken over by the appropriate civilian agencies. We visualize our interest in and responsibility for discharged men as a single problem regardless of the cause of disability. With respect to tuberculosis, we have entered upon a working agreement with your Association under which we are endeavoring to discharge our own responsibility in the spirit of the most thorough cooperation with the expert local agencies. Wherever no local association exists, we recognize the responsibility of the local Red Cross to step from third into second place and to endeavor to provide necessary advice and assistance in regard to the care and prevention of tuberculosis. In any event, the principle remains clear that the home service section of the Red Cross must provide relief when necessary, as well as giving such service as advice in the filling out of applications for compensation under the War Risk Insurance Law.

"In practice, as we have indicated before, the principle is conditioned by the financial resources of the local chapter and of the home service section. This is a corollary of the still broader principle of Red Cross local autonomy whereby each chapter raises and disburses its own funds. The principle of Red Cross local autonomy is revealed in the present decentralized administration, and with regard to the problem in hand, it means that each division director of civilian relief is in a position to work out local understandings with the state tuberculosis associations and the state public health authorities, which may or may not be identical with similar agreements in other divisions, although of course all will be expected to be consistent with the general understanding which exists between our respective national organizations."

It has also been plainly stated by the Red Cross that funds of local chapters are intended primarily for home service, which includes provision for returned tuberculous soldiers. The following quotation is from a letter sent by H. D. Gibson, General Manager of the Red Cross, to all division directors:

"Whenever an individual chapter feels unable or unwilling financially to undertake home service, you are authorized to state to the chapter concerned that its funds should be used so far as needed for the welfare of the families of soldiers and sailors in that community, even if the result must be the curtailing of work along other lines. The only Red Cross funds available for Home Service are those of the chapter itself, whereas the surplus funds of all chapters can be used if necessary for general relief supplies.

"It should be made definitely certain that a chapter with funds, no matter how limited, should not neglect its home service obligations, because to do so will likely cause the families of soldiers and sailors there to suffer privation or to oblige them to sacrifice health by reason of overwork, or unsuitable work, or to apply to public or private charities."

Effect of Army Policy

The whole problem of providing treatment for returned soldiers will, of course, be more or less affected in the future by the new policy of the Surgeon-General which, as stated in the May Bulletin, proposes that no disabled soldier shall be discharged from the army until cured or as nearly cured as his disability permits. It is understood that under this policy tuberculous soldiers will be kept in the army for a time at least, after which they may be discharged if they so desire. It is also understood that henceforth all men received by the army will receive a special examination for tuberculosis almost immediately upon arrival, and that subsequent discharge will be "in line of duty," which means that the men thus discharged will be eligible to compensation from the Bureau of War Risk Insurance. While this new policy will be of much benefit, it by no means follows that it will solve the problem. Inasmuch as such restoration as might be called a complete cure would in the case of tuberculous soldiers require a long time, and as large numbers of soldiers will doubtless request and obtain discharge before such a lengthy period has expired, the problem of their full recovery and return to normal activity will still be up to the local community and the civil authorities. It is advisable, therefore, at least for the present, not to allow this modification of army policy to lessen the vigor and scope of civilian preparations to meet and solve this problem.

Individual Results Necessary

Plans and agreements, such as those already adopted, are of course essential to a systematic attack upon this problem. But vastly more important are the concrete individual results, in the way of establishing actual contact with and providing appropriate treatment for soldiers discharged on account of tuberculosis, and as far as possible, men rejected in the draft for the same reason. Some reports which have reached the National Association from specific localities indicate that although the names of discharged soldiers are being received according to plan, on account of addresses which are either lacking or incorrect, and for various other reasons, substantial contact results in only a minor percentage of cases. Such contact, however, consisting not merely of the sending of a letter, but of actually getting in touch with the individual, is the final nub of the whole matter. The most elaborate agreements will be futile unless real contact, plus such provision of treatment as proves possible, is accomplished.

Dr. Hoffman's Review

Dr. Frederick L. Hoffman's annual review and study of the death rate from tuberculosis appears in *The Spectator*, New York, of June 6, and may be obtained in reprint form by writing to Dr. Hoffman, at the Prudential Life Insurance Company, Newark, N. J.

In connection with the anti-tuberculosis movement, the following quotations have special interest:

"For the first time in many years," Dr. Hoffman states, "the tuberculosis death rate of American cities shows a distinct upward tendency, in contrast to a persistent decline in the past." . . . The increase, while not alarming, is nevertheless significant, and possibly in a measure attributable to war conditions."

"The National Tuberculosis Association is engaged in a task of tremendous magnitude, which has never, from the outset, received the public, corporate and private support urgently demanded by the interests at stake. As observed in the review of the tuberculosis death rate for 1916, 'The statistical evidence is entirely conclusive that, in the main, the various efforts have been in the right direction, and the results challenge favorable comparison with corresponding efforts in any other field of human endeavor for the improvement of the social and sanitary condition of the people.' The National Tuberculosis Association was never more thoroughly organized than it is at the present time or better prepared for an active campaign throughout the entire nation, aside from the valuable services which are being rendered to the Government and the National Red Cross, in connection with the problem of tuberculosis in the army at home and abroad."

War-Time Building

The following resolution was adopted at the annual meeting of the National Tuberculosis Association, held at Boston, June 6-8, in reference to new hospital and sanatorium construction during the war:

Resolution

"WHEREAS, the National Tuberculosis Association and its affiliated agencies fully appreciate the necessity for prompt increase in the number of beds available in tuberculosis hospitals and sanatoria throughout the United States; and

"WHEREAS, the Federal Reserve Board of the United States Government through its Capital Issues Committee has taken the position in some cases brought before it that the issuance of bonds and other securities must be limited to construction of a temporary nature only; and

"WHEREAS, the National Tuberculosis Association realizes that this action is in danger of decidedly hindering the construction of necessary tuberculosis hospital facilities throughout the country; and

"WHEREAS, the National Tuberculosis Association and its affiliated agencies desire "to work heartily and earnestly with the President and the Government in taking the course which will do the country the most good with the least harm,"

"RESOLVED, that the National Tuberculosis Association urges upon all communities in the United States the necessity of promptly increasing their hospital provisions and of planning them in such a way as to minimize the difference between permanent and temporary construction; and

"RESOLVED further, that the Capital Issues Committee be urged to allow permanent buildings to be constructed in all cases where the difference is not too great, in order that it may not be necessary to repeat the process a few years later, or to waste the money which it is so difficult to obtain for any kind of construction."

Later Information

Since the adoption of this resolution, however, additional information has somewhat modified the previous understanding of the Capital Issues Committee's ruling. This ruling now appears to be less rigid than was first believed, while at the same time the attitude of the Committee is reported to be that of open-mindedness to the facts and actual needs.

While the following points are not yet entirely cleared up, and are therefore not submitted as final, it now appears that the Committee does *not* limit all construction to buildings of a purely temporary character, but that permanent buildings may be approved, if the difference in cost is not too great; and that under some circumstances, as, for example, the building of a sanatorium for advanced cases in colder regions, the usual type of permanent structures will probably be allowed. Construction which does not require the issuance of bonds or other securities or which necessitates the issuance of not more than $100,000 in bonds, is not subject to the ruling.

It is of course vitally important that tuberculosis workers throughout the country should have a clear understanding of the present status of this matter.

Plans and Estimates

Equally important, however, is the need for bringing clearly and effectually to the attention of the Capital Issues Committee, first the actual building necessities in the tuberculosis field, and second, reliable figures of the cost of construction not only of temporary buildings, but of the most economical types of permanent buildings. If it can be shown, as some of the facts already at hand indicate, that such permanent structures can be erected at a cost not greatly in excess of purely temporary ones, it could then be maintained with reason that the future waste of the latter plan would not be offset by its present saving.

The National Association therefore urges all who are interested to send to the Association at once for practical use in this connection and in the booklet dealing with this subject which is now in preparation, the following material:

1—Pictures and plans of proposed buildings.

2—Estimates of cost (total and per bed) of temporary structures.

3—Estimates of cost (total and per bed) of economical permanent structures.

Letter from Committee

Under date of June 27, 1918, the following letter was received by the National Association from the Capital Issues Committee:

"Replying to your favor of the 21st inst., the Committee desires me to state that they will be glad to have submitted plans for building of tuberculosis hospitals, together wtih estimates referred to in your letter both for permanent and temporary structures.

"The Committee is endeavoring to secure reliable data from various sources to the end that it may be fully informed and thus be enabled to deal justly with all applicants, as well as aid the Government in its supreme effort during the War, but at the present time it does not wish to express an opinion as to type of building except to say that it believes satisfactory structures can be erected at less than $1,000 per bed.

"The Committee desires to be helpful and to reach conclusions that may be satisfactory. It has ever avoided an arbitrary attitude, and will welcome the assistance of the National Association."

This letter shows that the way is now open to take the whole question up with the Capital Issues Committee more fully.

Note: An advance copy of the foregoing article was sent by the National Association to all state secretaries on July 3, and on July 6 copies of the circular on "Rules and Regulations," obtained from the Committee, were similarly distributed.

Sectional Conferences

This year's Sectional Conferences, under the auspices of the National Tuberculosis Association, will be held as follows: Northwestern Conference, Spokane, Wash., September 27th and 28th; Southwestern Conference, Denver, Colo., October 4th and 5th; Southern Conference, Birmingham, Ala., October 11th and 12th; North Atlantic Conference, Pittsburgh, Pa., October 17th and 18th; New England Conference, Providence, R. I., October 25th and 26th.

Suggestions in regard to topics and speakers will be appreciated, and they may be sent to the executive office of the National Association. Details as to the program and speakers will be determined upon early in August so that preliminary announcements can be made in the September BULLETIN.

Those who have been asked to serve as officers are as follows:

Northwestern Conference—President, Dr. Christen Quevli, Tacoma, Wash.; Vice-Presidents, Hon. J. F. Ailshie, Coeur d'Alene, Idaho; Dr. W. F. Cogswell, Helena, Mont.; Leslie Butler, Hood River, Ore.; Dr. T. B. Beatty, Salt Lake City, Utah; Dr. A. E. Stuht, Spokane, Wash.; E. W. Stone, Cheyenne, Wyo.; Secretary, Mrs. B. B. Buchanan, Seattle, Wash.

Southwestern Conference—President, Dr. Oliver T. Hyde, Albuquerque, N. M.; Vice-Presidents, Dr. S. H. Watson, Tucson, Ariz.; Dr. R. W. Corwin, Pueblo, Colo.; Dr. S. J. Crumbine, Topeka, Kan.; Dr. A. C. Shortle, Albuquerque, N. M.; Dr. Lewis J. Moorman, Oklahoma City. Okla.; W. A. Bowen, Arlington, Texas; Secretary, S. Poulterer Morris, Denver, Colo.

Southern Conference — President, Bolton Smith, Memphis, Tenn.; S. H. Oliver, Lafayette, Ala.; Mrs. Charles Schafer, Little Rock, Ark.; Harry L. Brown, St. Augustine, Fla.; Dr. T. F. Abercrombie, Atlanta, Ga.; Dr. G. Farrar Patton, New Orleans, La.; Mrs. Edmund Taylor, Greenville, Miss.; Mrs. Cuthbert Martin, Wilmington, N. C.; John P. Thomas, Jr., Columbia, S. C.; Mrs. C. D. Sullivan, Nashville, Tenn.; Secretary, Rev. George Eaves, Birmingham, Ala.

North Atlantic Conference—President, Dr. Thomas McCrae, Philadelphia, Pa.; Vice-Presidents, Dr. Harold W. Springer, Wilmington, Del.; Emile Berliner, Washington, D. C.; Dr. Allen E. Krause, Baltimore, Md.; Dr. Samuel B. English, Glen Gardner, N. J.; Dr. John H. Pryor, Buffalo, N. Y.; Dr. B. Franklin Royer, Harrisburg, Pa.; Dr. A. H. Thomas, Lynchburg, Va.; Dr. S. L. Jepson, Charleston, W. Va.; Secretary, Miss Alice E. Stewart, Pittsburgh, Pa.

New England Conference—President, Dr. Charles V. Chapin, Providence, R. I.; Vice-Presidents, Wallace S. Allis, Norwich, Conn.; Dr. L. D. Bristol, Augusta, Me.; Dr. Eugene R. Kelley, Boston, Mass.; Dr. John M. Wise, Glencliffe, N. H.; William A. Vaill, Providence, R. I.; Dr. Charles S. Caverly, Rutland, Vt.; Secretary, Willis E. Chandler, Providence, R. I.

Suggestions from the Field

St. Louis Ball Game

Among the many novel methods of publicity, education and money-raising utilized by the St. Louis Tuberculosis Society, the annual baseball game is one of the liveliest. For several years the society has bought one of the big league games and featured it so effectively that, besides getting great numbers of people to talk, read and think tuberculosis, it has netted a very substantial money income (about $10,000) to the Society.

The game is heralded by an intensive campaign of publicity through newspapers, letters, leaflets, posters and otherwise. Mercantile and manufacturing concerns of many kinds, for the sake of the advertising as well as in a spirit of co-operation, gladly contribute samples of their wares to be given as prizes to purchasers of peanuts and popcorn at the game, numbered coupons being placed in the packages. Before as well as after the game these prizes, ranging all the way from trifles up to pianos and automobiles, are exhibited in the downtown section, with music, motion pictures and much else to assist in drawing the crowd, while educational talks and distribution of literature are run in "between the acts."

This year's game, scheduled for July 21, has a new and timely patriotic setting. Instead of regular league teams, army and navy nines will provide the contest. The prowess of the military will be upheld by soldiers from a midwestern cantonment, while sailor lads from the Great Lakes Training Station will see to the honors of the navy. Before the game and at intermissions there will be a boy's Marathon, an exhibition drill and an aeroplane flight, and afterwards an "al fresco Hoover Conservation Supper," with cabaret. The women members of the board of directors will direct the supper, and a corps of matrons and girls of the fashionable set have been enlisted as general "boosters."

Team-Work in Rochester

At Rochester, N. Y., an interesting agreement of cooperation between the Bureau of Health and the Tuberculosis Committee was made last month. "It is recognized that the control of tuberculosis is now a municipal, state and federal matter," this agreement recites, "and that responsibility for carrying out actual relief work with tuberculosis patients rests with official health authorities." Acting on this responsibility the Bureau undertakes to establish a division of tuberculosis. For the present, however, this division will be in charge of the Tuberculosis Committee, which undertakes to employ a superviser and to secure nurses "from any available sources possible until city appropriations provide for them."

Ohio Program

The Ohio society has set a good example by issuing an outline of its recently adopted program of work. The program is presented "with the concurrence and approval of the State Commission of Health" to anti-tuberculosis and public health workers throughout Ohio, in order that they may become familiar with and work for the objectives sought during the coming years. "A definite program of obtainable ends is desirable in itself; it becomes more desirable, indeed imperative, when its successful accomplishment is dependent upon the cooperation of many isolated workers scattered in various sections of the State."

Linking Up in Georgia

Announcement has just been made of the affiliation of the Raoul Foundation (Crusade against Tuberculosis in Georgia) with the Georgia State Board of Health. The principal advantages of this union are that the Board will be provided with immediate facilities for anti-tuberculosis work and the Foundation will acquire the prestige and authority that is lacking in a purely private institution. In addition there will be a saving in administrative expense and the danger of duplication of effort is avoided. A broad program, including legislative and educational work and comprehensive war activities, has been adopted by the Foundation as the Division of Tuberculosis.

Oklahoma Educates

Civic, health and social agencies throughout Oklahoma are being supplied by the Oklahoma association with a folder describing the educational services of the association. Detailed information is furnished in regard to exhibits, literature, lectures, lantern slides, moving pictures and the like. "What about your community? How much and what part of this service can you employ?" the association asks. Thus the ways in which the state association can be of practical use are brought very concretely before the various agencies in the individual communities.

Chicago Spitting Campaign

A novel anti-spitting campaign has been inaugurated by the Chicago Department of Health, according to *Popular Mechanics*. An officer is detailed to visit numerous unsanitary places and disinfect them, using for the purpose a spraying outfit labeled "Germ Killer," which is carried slung over the shoulder. On the officer's back is a placard reading: "Because you spit in violation of law the Department of Health is compelled to disinfect."

Illinois Survey Plan

A detailed outline for county tuberculosis surveys has been prepared by Dr. George T. Palmer and circulated by the Illinois association, of which he is president. The outline has eight divisions, as follows: I, Creating the Survey Organization; II, Endorsement; III, Publicity; IV, Preparatory Work; V, Field Work; VI, Clinical Work; VII, Tabulation and Interpretation; VIII, Assistance in Making Surveys. Under these divisions the procedure recommended is taken up specifically, as indicated by the following quotation from division VII:

"The technical part of a survey, upon which its success or failure often depends, is the interpretation of the findings. The State Department of Public Health maintains a Division of Surveys and Rural Hygiene to which survey material may be submitted for final review before publication. Such material, so submitted, will also be passed upon by the Division of Tuberculosis, the Division of Vital Statistics and the Division of Communicable Diseases. Survey material, for its value, depends largely upon its painstaking comparison with similar material with that of other communities. This comparison will be cheerfully made by the State Department of Public Health."

This outline, Dr. Palmer states, "will be a part of the county tuberculosis sanatorium campaign in each of the fifty Illinois counties where the sanatorium proposition is to be voted on this Fall, and will be carried out by community nurses in thirty other counties during the present year. This will guarantee a simple type of survey in at least eighty of the one hundred and two counties of Illinois. In this work we hope to utilize the women registered with the Council of Defense for wartime service."

Public Health Publicity

Three suggestive papers on public health publicity appear in the *American Journal of Public Health* for May. One is by Dr. Ira S. Wile of New York, on public schools as mediums for educational publicity. Another is by Dr. Oscar Dowling, president of the Louisiana Board of Health, on health publicity as essential to democracy. The third is by Dr. C. E. Terry and Dr. E. Schneider of the *Delineator*, New York, on the use of the family magazine for educational publicity.

The Crusader of the Wisconsin Anti-Tuberculosis Association, for January, carries an article on the country newspaper as a factor in promoting health education. It makes the point that not only will country papers accept more educational material than the crowded city press, but that they also get closer to their readers and reach people who do not read general newspapers.

Three New Bulletins

On May 15 a new tuberculosis publication made its first appearance,—*The Illinois Arrow*, official bulletin of the Illinois Tuberculosis Association, with W. D. Thurber, Executive Secretary of the Association, as Editor. Its proposed scope is outlined in the following editorial quotation:

"It will be the constant endeavor of the Illinois Tuberculosis Association to publish in this little bulletin, articles, news items and feature stories which have point. We will eternally strive through the printed pages of this publication as well as by our other works, to hit the bull's-eye. We ask the forbearance, the cooperation and the constructive criticism of each one of our readers and co-workers. Help us to make THE ARROW one of the livest, snappiest, newsiest and most helpful of the many little magazines in the tuberculosis field."

The first number contains 40 pages and covers a wide range of subjects. It is to be issued monthly.

Another newcomer among local tuberculosis papers is *The Bulletin* of the Minneapolis Committee. The first issue is illustrated and got up in popular form.

The Tennessee association is now issuing a quarterly *Bulletin*.

Cincinnati Booklet

With the purpose of acquainting householders and particularly occupants of tenement houses with the requirements of the housing code of Cincinnati and incidentally giving them a variety of good advice, the city authorities have prepared for distribution an illustrated pamphlet called "Home, Health and Happiness." The booklet is attractively printed and so freely illustrated that he who runs may get the point even though he does not stop to read. "Ten Hints for House Hunters," "What a Can of Paint Will Do," "Concerning Curtains and Carpets"—these are some of the hints briefly paragraphed.

From Grand Rapids

Progress during the past along an important but generally neglected line is reported by the Grand Rapids society. A traveling dental clinic was organized for rural school children, and so quickly demonstrated its usefulness that the county supervisors have promised it will next year be supported by public funds.

New York Poster Exhibit

The JOURNAL OF THE OUTDOOR LIFE for July publishes an article by Frank H. Mann, secretary of the New York City tuberculosis committee, on the Trudeau poster contest recently held in New York and Brooklyn, in cooperation with the art departments of the high schools. One of the two final prize posters is used as a frontispiece and the other, together with eight of those winning in individual schools, are reproduced to illustrate the account.

Workers in other parts of the country will find this story worth reading for its publicity suggestions.

The Institute

Thirty tuberculosis workers, representing sixteen states and Canada, attended this year's Institute held at New York, June 10—29. The attendance included four executive secretaries of state associations, three state field secretaries, four local secretaries, a number of assistant workers, and some about to take up tuberculosis activities. Applications for admission were so numerous that seventy-five or more could have been enrolled had facilities permitted. As in previous years the Institute was conducted at the New York School of Philanthropy by Mr. Jacobs, of the National Association, and a corps of speakers on special subjects.

The question of holding two Institute courses next year, in view of the demand, is now under consideration.

Film Possibilities

For the possibilities of the motion picture and stereopticon, BULLETIN readers are referred to *Reel and Slide*, a magazine devoted to this subject. One section describes educational films. Quotation is made of the following excerpt from a report of the U. S. Department of Education:

"Within the next decade the Moving Picture will be the indispensable adjunct of every teacher and educational lecturer. On the public platform the cinematograph will inevitably have its recognized place, and it may even invade the pulpit. As the attention and interest of educators are more and more drawn to its merits, the future usefulness of the educational cinematograph bids fair to surpass the predictions of its most sanguine advocates."

Open Air Schools

The National Association has turned over its directory of open-air schools and fresh-air classes to the Elizabeth McCormick Memorial Fund. All information in regard to new undertakings along the line of open-air schools should be sent to Mrs. Ira Couch Wood, director of the fund, 315 Plymouth Court, Chicago.

Paragraph Jottings

The American Public Health Association will hold its next meeting in Chicago, October 14 to 17. The central theme of the meeting will be: "The Health of the Civil Population in War Times."

Dr. Hermann N. Biggs, of New York, has been elected Chairman of the Section on Health of the National Conference of Social Work.

At the convention of the American Association of Graduate Nurses in May a resolution was adopted urging all nurses training schools to include specific training for tuberculosis nursing.

Red Cross Seal Supplies

The principal Red Cross seal supplies are now being printed. The 600,000,000 seals are being printed in two plants, one in an Atlantic state and the other in a Middle Atlantic state. It is believed that this arrangement will expedite shipments and transportation. It should be realized by all that orders for seal supplies must be sent in by state and local agents this year far earlier than ever before, on account of the limitations in transportation, whether by freight, express or parcels post.

An innovation in the free supplies is a poster in colors, of which 500,000, size 20 by 30 inches, will be printed. These will be suitable for use similar to that of the Liberty Loan and Red Cross War Fund posters, in windows and on walls. If the printers, who are reputed to be among the best in the country, do justice to the artist's painting, the Red Cross seal poster will be one of the most beautiful, if not the most beautiful poster yet produced in America during the war. It will depict a Red Cross nurse standing in appeal beside a colossus of Liberty. The artist is the same as for the 1918 seal, Mr. C. A. Winter. The posters will be distributed in quantities based on the number of seals sold in each state in 1917. This will also be the basis of allotment for the other seal supplies furnished by the American Red Cross.

Over a million more Red Cross seal envelopes are being printed this year than ever before. While they will be of the same general style and shape, the printed matter has been revised. For use by children a supply of these envelopes will have a Modern Health Crusader shield printed on them and so will be helpful in stimulating interest in that movement.

The "For Sale" cards will be printed in somewhat larger number than hitherto, while separate wreath cards will be omitted. The "For Sale" cards, however, may be made wreath cards by having the legend "For Sale Here" trimmed from the bottom.

Five million four-page circulars will be furnished this year. Like the "Happy Postman" circular of last year, they will be of the right dimension to be enclosed in mail sale letters. The first page of this circular will carry a striking drawing in colors (see last page of BULLETIN) by Louis Fancher, an artist of national repute. Mr. Fancher, who contributes his services, is a member of the Bureau of Pictorial Publicity of the U. S. Committee on Public Information, and is one of a group of well-known artists who have been serving in the Red Cross and Liberty Loan propaganda.

Each state association is allowed to substitute its own copy for all or part of the standard copy given on the proof sheets for pages 2, 3 and 4. Eighty changes may be had free of charge, which admits special copy for more than 30 local associations.

The Annual Meeting

A brief general summary of the annual meeting of the National Association, held in Boston June 6-8, appears in the JOURNAL OF THE OUTDOOR LIFE for July. A list of the new officers and directors was printed in last month's BULLETIN. Some of the papers will be printed in full or abridged in the JOURNAL, the AMERICAN REVIEW OF TUBERCULOSIS, and other medical publications, and reproduced entire in the volume of Transactions, which this year, as heretofore, will be sent to members *on request*, and supplied to non-members at a charge of $1.00.

Of special interest to tuberculosis workers is a resolution which was adopted with reference to new hospital and sanatorium construction during the war. (See "War-Time Building," page 3.)

Another resolution, occasioned by the rumor that Surgeon-General Gorgas might be retired under the age provision, deplored such retirement "from the office he now fills so admirably," and expressed the hope that he would be "continued in active service in his present position, so that neither his work nor his plans may be interrupted." A third resolution commended the Army Medical Museum at Washington for its steps to preserve the "valuable experience being gained at the present time in war medicine and surgery," and to make itself "a centre for medical teaching and research," and pledged support to the directors of the Museum "in their efforts to secure appropriations from Congress and in other ways."

Attendance by States

The registered attendance at the annual meeting, distributed by states, was as follows:

State	Members	Non-Members	Total
Massachusetts	48	201	249
New York	44	23	67
Connecticut	14	9	23
New Jersey	16	7	23
Michigan	11	6	17
Rhode Island	7	9	16
Illinois	14	1	15
Pennsylvania	7	7	14
Ohio	11	2	13
Canada	10	1	11
Maine	3	8	11
Minnesota	6	1	7
Indiana	7	..	7
New Hampshire	3	4	7
North Carolina	4	2	6
Wisconsin	5	1	6
Colorado	3	2	5
California	3	1	4
District of Columbia	2	2	4
Maryland	2	2	4
Tennessee	3	1	4
Texas	3	1	4
Vermont	2	2	4
Virginia	4	..	4
Missouri	..	3	3
New Mexico	2	1	3
Arizona	2	..	2
Iowa	1	1	2
Montana	1	1	2
Washington	1	1	2
Alabama	1	..	1
Arkansas	1	..	1
Delaware	..	1	1
Georgia	1	..	1
Idaho	..	1	1
Kentucky	1	..	1
Louisiana	1	..	1
Nebraska	1	..	1
Oklahoma	1	..	1
Total	246	302	548

The Framingham Demonstration

By Mary A. Abel, Educational Assistant

Henceforth each number of the BULLETIN will contain a column or more reporting current progress in the Framingham Community Health and Tuberculosis Demonstration. The Demonstration was begun in December, 1917. The purpose in view, as well as the executive direction and the financial support, are referred to below.

A report of the progress of the Framingham Community Health and Tuberculosis Demonstration promises to be of value at this time, in view of the emphasis which the war is placing upon the need for human conservation, and the heavy burdens which the war will throw upon communities everywhere. The necessity for meeting adequately community health obligations is greater than ever before. Of interest in tuberculosis work in particular, it is felt that perhaps the indications of the Framingham experience in its bearing on community health machinery and problems of disease prevention may also have a wider significance.

The Framingham Community Health and Tuberculosis Demonstration is being conducted by the National Tuberculosis Association under the supervision of a special committee. On this committee are represented the National Association, the Massachusetts State Department of Health, the United States Public Health Service, also private anti-tuberculosis organizations in Massachusetts, Connecticut, New York, and Pennsylvania, Framingham official and private health agencies, and the Metropolitan Life Insurance Company, the donor of the fund of $100,000 to be devoted to the work.

The Objective

The object of the investigation, then, is to demonstrate what may be possible with united community action in the problem of prevention and control of tuberculosis. Inevitably, the experiment, if it goes forward as planned, will broaden out into a general health demonstration concerning itself with many of the various disease-prevention problems, at least in so far as allied interests can be stimulated to function along channels which diverge from the chief line of attack upon tuberculosis, but which vitally affect the general morbidity and mortality rates. In the attack, all of the several age groups must be considerad, and many potential agencies must be utilized—social, industrial, educational, and medical.

The selection of Framingham was made after several months' study. The town has a population of approximately 16,000 people and is situated in eastern Massachusetts, twenty-one miles from Boston. It recommended itself to the committee as an average community, with mixed industries, varied racial groups, a good local health organization, linked with an excellent State Department of Health, a normal amount of disease, particularly tuberculosis, well trained physicians, good hospitals, and a sufficient promise of cooperation from medical, industrial, commercial and social organizations to give reasonable assurance of success.

Essential Features

The essentials of the Demonstration, as outlined by the committee, are as follows:

1. The sympathetic cooperation of individuals and organizations, public and private, in Framingham, and the carrying out of the work as Framingham's plan.

2. The execution of the program on an educational and democratic basis, social machinery (neighborhood committees, etc.) being devised to carry the various elements in the community along with the work as it progresses.

3. The utilization of expert advisory service whenever feasible. This principle applies, of course, to general sanitary, medical, nursing, educational, school, or industrial problems.

4. The encouragement of the community to meet its own health obligations during the period of the Demonstration, and to provide for the perpetuation of routine non-experimental activities subsequent to the close of the experimental period.

5. The concentration on tuberculosis as the major interest of the Demonstration, with a following out of other lines for disease prevention when feasible, whether directly or indirectly related to the major consideration.

6. The working out of the Demonstration at a minimum cost.

7. The designing and development of the program as a war measure, to meet the emergencies in the health field as emphasized in the present international crisis.

General Significance

The Framingham Community Health and Tuberculosis Demonstration aims to be not only an investigation and an experiment in community disease control; it should be also a demonstration of a community method, successful or not, as events prove, of disease prevention and health administration. The latter aspect especially will be of wide interest.

An accurate presentation of the findings of this social laboratory as they appear is therefore of value. It may be that the "*results* of the Framingham Experiment will be more important than the *result*." In any event, knowledge of the progress of the work may stimulate similar studies elsewhere.

Health Story Contest

The National Tuberculosis Association invites anti-tuberculosis workers and others interested in health work to write story talks for children, from which may be chosen those to be read by school children on Modern Health Crusade Day in Tuberculosis Week, December 1—7.

Two separate stories are desired. One should be adapted to younger children from about 6 to 10 years of age, and the other to older children from about 11 to 15 years. A prize of $5 is offered for the story adjudged to be best in each of these two age classes.

The stories will be printed as circulars and supplied through the state tuberculosis associations to school teachers over the country. The name of the author will be printed at the head of each story, and will be prominently published in the JOURNAL OF THE OUTDOOR LIFE or the monthly BULLETIN of the National Association.

The names of the authors of the second best story in each case will likewise be published and their stories will be printed in the JOURNAL OF THE BULLETIN.

Nearly 200,000 copies of "Serving Uncle Sam," the prize story of last year, written by Mrs. Louise F. Brand, of the Wisconsin Anti-Tuberculosis Association, were distributed to teachers scattered throughout the United States, and this health message was doubtless read to two million children.

The stories should relate to tuberculosis, hygiene and Red Cross Christmas seals. They should be written to stimulate children's interest in personal and community health, the Modern Health Crusade, and in the sale or purchase of seals. It is suggested that the relation of health work to ultimate victory in the war be touched upon. Information regarding the seal campaign and the Modern Health Crusade will be furnished on request. A sample of the story used last year, which was adapted to children of the younger period, will also be supplied. No story should contain over 1,800 words.

The committee on awards will be composed of not less than three persons familiar with the requirements of a story intended to interest and instruct children. Manuscripts must be submitted to the National Association not later than August 25. Authors desiring the return of their manuscripts should send postage.

Authoritative Books

A new edition of circular "Authoritative Books on Tuberculosis," brought up to date by the inclusion of several books published during the past year, has just been issued by the JOURNAL OF THE OUTDOOR LIFE. While designed largely to meet the needs of physicians, this list includes a number of books which are not too technical to be of great value to the layman. Copies of the circular may be obtained free from the JOURNAL, 381 Fourth Avenue, New York.

Modern Health Crusaders' Department

The August meeting for leagues is the most informal of the year. It should be staged as an outing or picnic. Whatever day in August (or in July) serves the convenience of most members should be chosen. The subjects listed for this meeting in the manual are: "Field athletics and organized play; first aid to the injured; drills." Whatever smacks of military drill interests children these days. Two excellent and sufficiently simple drill manuals may be secured from the Boy Scouts of America, 200 Fifth Avenue. The first is the Pirie MacDonald manual, and the second is the one published by James Brown & Sons.*

The Playground and Recreation Association of America, 1 Madison Avenue, New York, invites correspondence with league masters and organizers. Its pamphlets, "Athletic Badge Test for Boys" and "Athletic Badge Test for Girls," explain useful tests of athletic fitness and illustrate the handsome medals supplied by the association. These pamphlets and a list of other publications will be sent free.

The American Red Cross handbooks, "First Aid General" and "First Aid for Women," may each be obtained from Washington or through local chapters.* They must be interpreted for children by an adult leader. D. Appleton & Company publishes a book, "First Aid for Boys," and Dr. Eldridge Eliason's "First Aid in Emergencies" (Lippincott) is written in simple language.*

The American Red Cross has now officially endorsed the Modern Health Crusade. Mr. H. D. Gibson, general manager of the Red Cross, has written to the managers of the fourteen divisions, including the foreign division, bespeaking their cooperation in the development of the Crusade. To quote from Mr. Gibson's letter: "Dr. MacCracken, representing the Junior Membership, gives his approval to these activities as in every way useful for the schools, and I therefore take pleasure in endorsing the program of the Health Crusaders as giving an interesting and useful field for patriotic service of the school children and the promotion of national welfare. Teachers who wish to prepare for the coming school year by acquainting themselves with this movement will be able to obtain information from the division directors of the Junior Red Cross. The American Red Cross commends the sale of the Red Cross seals as a useful activity after Thanksgiving next fall for the Junior members."

Notes and Pointers

Mrs. Anna Krieger, principal of the Brandeis School of Louisville, reports: "Here in Louisville we are fast becoming Modern Health Crusaders. The health chore cards were given to the children of the Brandeis School and they are most diligent in performing the chores, many of them reaching the maximum. Throughout the school there are only two who have failed to make the necessary forty chores, and we find that the parents are entering into the plan with hearty cooperation. One little girl in the third grade was heard to say that she had forgotten to take her glass of water before meals, when her little friend responded that her mother helped her by having the glass of water by her plate at every meal. One little boy in the third grade told me that his mother had promised that after May 15 he could take a daily bath. A boy in the sixth grade could not check up his ten hours of sleep, but had fallen into line at the end of the second week.

"The Louisville Normal School is about to introduce the Crusade among the practice children.

"Why should we not use the laws of habit formation along health lines, thereby laying the foundation for our future happiness and success?"

Miss M. Grace Osborne has been appointed state director of Modern Health Crusaders for Illinois. As far back as May 15 more than 25,000 children had been recruited as Crusaders in Illinois, representing twenty communities.

Local committees of the Council of National Defense, War Savings Committees and similar organizations are forming Modern Health Crusader leagues, recognizing that the saving of health is a branch of national conservation no less important than financial thrift. Public health nurses employed in extra-cantonment zones under the U. S. Public Health Service are introducing the Crusade among the children in their districts.

Orders for Modern Health Crusader supplies have been received not only from Canada and France but from Cuba, China and Korea. Missionaries and Y. M. C. A. workers are convinced that Crusader methods are right for teaching hygiene in the Orient.

* Apply to the publishers (distributors) or to the National Association for price. Regulations for second class mail forbid quotations except on our own publications.

Emergency Public Health Nursing

One of the most puzzling problems that the war has created is how to meet the demand for nurses in public health work. At the meeting of the National Organization for Public Health Nursing held in May at Cleveland, this question was given careful consideration and the following resolution was adopted:

"Whereas the tremendous call for nurses for foreign and cantonment service is increasingly causing a shortage of nurses at home;

"Be it resolved, that all available and suitable assistants be used to supplement the work of public health nurses as follows: (This to be done through existing public health organizations rather than by the formation of new organizations.)

As an amplification of this resolution the Executive Committee of the National Organization for Public Health Nursing has worked out a code for aid and attendant service, by means of which partially trained and untrained workers may render such service in the public health nursing field.

Those included under the code are grouped into four classes as follows:

1. Part time graduate nurses; usually nurses who are married, who have other family responsibilities, or who are physically incapacitated for full time. Such nurses, if otherwise eligible, would be used as staff nurses, but on part time.

2. Partially trained nurses, i. e., graduates of specialized or very small hospitals or those who for acceptable reasons are not completing their training.

3. Attendants, i. e., practical nurses, who may or may not have had special training as attendants.

4. Nurse Aids, i. e., unpaid volunteers who may or may not have had the Red Cross Home Nursing Course with or without the 72 hours hospital work.

It is obvious that for the use of the first group no special conditions are necessary except that the time of service be regulated to suit the convenience of employer and employee.

With regard to the other three types of assistance, however, there are two essential requirements, as follows:

1. The selection and supervision shall be made by a public health nurse who will be professionally responsible for every patient.

Cover design for 4-page leaflet, "Over There and Back Here," to be issued for the 1918 sale of Red Cross Christmas Seals

2. Every assistant must agree to conform to the rules and regulations of the association under which she is working.

The supervision indicated in the first of these requirements should include the following steps:

1. Limited instruction in

(a) Policy of Association.
(b) Approach of family.
(c) Duties.
(d) Points to be observed and reported to supervisor.

2. Practical supervision to include

(a) Initial visit to the patient with a graduate nurse of the staff.
(b) Discussion as to the type of assistant to be used; actual work to be done and fee to be charged to be determined by staff nurse.
(c) Continued supervising visits to be made to all patients; no case to be discharged except by the supervisor.
(d) A suitable working dress to be worn by each type of assistant.

The following suggested detailed plan for the use of each of these types of nurses will also prove helpful:

1. Partially trained to be used in cases where only the simple forms of nursing procedure are necessary.

2. Attendants to be used as household workers as long as needed in the homes of the patients; the continuation of such service, with the visit of a visiting nurse for the professional work, might be a substitute for a private nurse.

3. Aids to be dependent upon personal qualifications; used for errands, clerical work, supplies, friendly visits, social service, assisting the nurse at clinics and—with the exceptional person—helping the nurse with the simpler forms of bedside nursing.

Anti-tuberculosis workers will be able to utilize this plan in almost any community. For further information and details they are referred to the National Organization for Public Health Nursing, 156 Fifth Avenue, New York City.

Children's Year

In a number of states and cities tuberculosis workers are taking a very active part in the Children's Year drive, not only as regards their specific line of interest but in the general direction of the enterprise. The National Association would be glad to hear from such societies as are cooperating or intending to cooperate in this undertaking.

This drive presents an excellent opportunity for tuberculosis forces throughout the country to assist the Children's Bureau in giving adequate emphasis to tuberculosis as a children's health problem.